

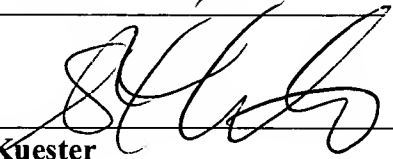


IFW 26175

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 5-19-06


Jeffrey R. Kuester

In Re Application of:

Hoskins, et al.

Serial No.: **09/998,107**

Filed: **November 30, 2001**

Group Art Unit: **2617**

Examiner: **Srivastava, Vivek**

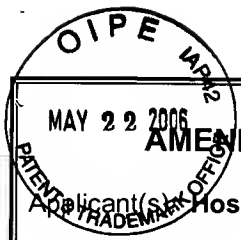
Docket No. **A-6886 (191920-1020)**

For: **Integrated Internet Protocol (IP) Gateway Services in an RF Cable Network**

The following is a list of documents enclosed:

- Return Postcard
- Amendment Transmittal
- Petition for Extension of Time
- Response to Restriction Requirement
- Fee Transmittal
- Authorization for \$120.00 for the One Month Extension of Time

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



MAY 22 2006

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Hoskins, et al.

Docket No.

A-6886 (191920-1020)

Serial No.
09/998,107Filing Date
November 30, 2001Examiner
Srivastava, VivekConfirmation No.
4391Group Art Unit
2617

Invention: Integrated Internet Protocol (IP) Gateway Services in an RF Cable Network

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450

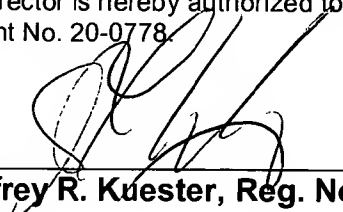
Transmitted herewith is a Response to Restriction Requirement in the above-identified application.

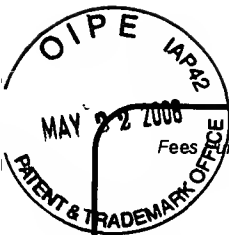
The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	192	235	0	X \$50.00	\$0
INDEP. CLAIMS	6 -	12 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$120.00
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$120.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$120.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Jeffrey R. Kuester, Reg. No. 34,3675-19-06
Date



Effective on 12/08/2004
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

Complete if Known

Application Number	09/998,107
Filing Date	November 30, 2001
First Named Inventor	Hoskins, et al.
Examiner Name	Srivastava, Vivek
Art Unit	2617
Attorney Docket No.	A-6886 (191920-1020)

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**120.00**

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
- ☒ Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESSIVE CLAIM FEES

Fee Description		Small Entity	
		Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-20 or HP =			
HP = highest number of total claims paid for, if great than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP =			
HP = highest number of total claims paid for, if great than 3			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$)
Other: **One Month Extension of Time** **\$120.00**

SUBMITTED BY

Signature		Registration No. 34,367	Telephone Number 770-933-9500
Name: (Print/Type)	Jeffrey R. Kuester	Date:	5-19-06